

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 3 0

2. STATE:

New York3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 447, Subpart F

7. FEDERAL BUDGET IMPACT:

a. FFY 1999-2000 \$.29mb. FFY 2000-2001 \$ 8.39m

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B Pages 1(d), 1(d)(i), 2(c)(ii),
2(c)(iii)9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 4.19-B Pages 1(d), 1(d)(i), 2(c)(ii)No Previous Page: Attachment 4.19-B Page
2(c)(iii)

10. SUBJECT OF AMENDMENT:

Outpatient Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Antonia C. Novello, M.D., M.P.H., Dr. P.H

14. TITLE:

Commissioner

15. DATE SUBMITTED:

September 26, 2000

16. RETURN TO:

New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

New York
1(d)

Attachment 4.19B
(07/00)

The rates include a capital cost component. For fiscal year ending March 31, 1994, such rates are trended and extended to September 30, 1994. Commencing October 1, 1994 and thereafter, such rates shall be calculated as above for fiscal years beginning October 1, and ending September 30 except that rates of payment for the period ending September 30, 1995 shall continue in effect through September 30, 2003. MMTP services may be reimbursed on a uniform fixed weekly fee per enrolled patient basis. Payment rates for renal dialysis services of \$150.00 per procedure are adjusted to reflect utilization patterns for CAPD, CCPD, hemodialysis and extended peritoneal dialysis services. A single price per visit for day health care services rendered to patients with acquired immunodeficiency syndrome (AIDS) and other human immunodeficiency virus (HIV) related illnesses is determined based on reasonable projections of necessary costs and utilization and trended to later rate years. Price components may be adjusted for service capacity, urban or rural location and regional differences. Rates are subject to approval of the Division of the Budget.

Additional Funding for Diagnostic and Treatment Centers for the period October 1, 1999 through December 31, 1999

Rates for diagnostic and treatment centers for the period October 1, 1999 through December 31, 1999 shall include, in the aggregate, the sum of fourteen million dollars (\$14,000,000) which shall be added to rates of payment based on an apportionment of such amount using a ratio of each individual provider's estimated Medicaid expenditures to total estimated Medicaid expenditures for diagnostic and treatment centers, as determined by the Commissioner, for the October 1, 1999 through September 30, 2000 rate period.

Additional Funding for Diagnostic and Treatment Centers Providing Services to Persons With Developmental Disabilities

For the period [October 1, 1999] July 1, 2000, through [March 31, 2000] March 31, 2001 and annual state fiscal periods thereafter, fee-for-service rates of payment for medical assistance services provided to patients eligible for federal financial participation under title XIX of the federal social security act by diagnostic and treatment centers licensed under article 28 of the public health law that provide services to individuals with developmental disabilities as their principal mission, shall be increased [in the amount of one million dollars (\$1,000,000)] by annual amounts of two million two hundred eighty thousand dollars (\$2,280,000) in the aggregate. Each such diagnostic and treatment center shall receive a proportionate share of these funds based upon the ratio of its medical assistance units of service to the total medical assistance units of service of all such facilities during the base year. The base year shall be [1998] the calendar year immediately proceeding each annual period. There shall be no reconciliation of the amount added to rates of payment pursuant to this section to reflect the actual number of Medicaid units of service for affected providers for the period July 1, 2000 to March 31, 2001 and annual state fiscal periods thereafter.

TN 00-30 Renewal Date JUN 06 2001
Supersedes TN 00-01 Effective Date JUL 01 2000

New York
1(d)(i)

Attachment 4.19B
(07/00)

Designated Preferred Primary Care Provider for Freestanding Diagnostic and Treatment Centers

Freestanding Diagnostic and treatment centers seeking reimbursement as designated preferred primary care providers are required to enter into a provider agreement with the New York State Department of Health.

Reimbursement for providers designated as preferred primary care providers is prospective and associated with resource use patterns to insure that ambulatory services are economically and efficiently provided. The methodology is based upon the Products of Ambulatory Care (PAC) classification system.

Under the reimbursement method, facility specific payment rates are established for each of the PAC groups. For each service a rate is established to cover all labor, ancillary services, medical supplies, administrative overhead, general and capital costs. A supplemental capital add-on is available to facilities participating in the preferred primary care program which finance capital acquisitions through public authorities.

TN 00-50 Approval Date JUN 06 2001
Supersedes TN 00-01 Effective Date JUL 01 2000

Transitional Supplemental Payments

For the period October 1, [1999] 2000 through December 31, [1999] 2000, the Commissioner of Health shall make supplemental medical assistance payments to qualified voluntary not-for-profit health care providers that are: freestanding diagnostic and treatment centers (D&TCs) that qualify for distributions under the state's comprehensive diagnostic and treatment centers indigent care program or indicate on the cost reports submitted to the state that they receive funding under section three hundred thirty-three of the Federal Public Health Services Act for health care for the homeless, freestanding diagnostic and treatment centers that operate approved programs under the state Prenatal Care Assistance Program, [licensed facilities sponsored by a university or dental school which have been granted an operating certificate to provide dental services,] or licensed freestanding family planning clinics. These supplemental payments reflect additional costs associated with the transition to Managed Care. These providers will be eligible to receive a supplemental payment if the following criteria are met. The provider's number of Medicaid visits in the base year [(1998)] (1999) equals or exceeds 25 percent of its total number of visits and its number of visits for Medicaid Managed Care enrollees equals or exceeds three percent of its total number of Medicaid visits during the base year. Providers meeting these criteria shall receive a supplemental payment equal to a proportional share of the total funds available not to exceed [six] fourteen million dollars. This share shall be based upon the ratio of a provider's visits from medical assistance recipients enrolled in Managed Care during the [1998] 1999 base year to the total number of visits to all such qualified providers by medical assistance recipients enrolled in managed care during the base year.

Supplemental Payments – Dental Clinic

Notwithstanding the provisions of the preceding section, for the period October 1, 2000 through December 31, 2000, facilities licensed under article twenty-eight of the public health law that are sponsored by a university or a dental school which has been granted an operating certificate and which provides dental services as its principal mission, shall receive five hundred thousand dollars, in the aggregate, of the amount appropriated for the 2000-2001 state fiscal year for use as supplemental payments pursuant to the preceding section. These funds shall be allocated for distribution to such facilities pursuant to the following methodology:

"Uncompensated care need," for purposes of this section, means losses from reported self-pay and free visits multiplied by the facility's medical assistance payment rate for the applicable distribution year, offset by payments received from such patients during the reporting period.

TN 00-30 Approval Date JUN 06 2001
Supersedes TN 99-31 Effective Date JUL 01 2000

New York
2(c)(iii)

Attachment 4.19-B
(07/00)

A nominal payment amount for the financing of losses associated with the delivery of uncompensated care will be established for each eligible facility. The nominal payment amount shall be calculated as the sum of the dollars attributable to the application of an incrementally increasing nominal coverage percentage of base year period losses associated with the delivery of uncompensated care for percentage increases in the relationship between base year period eligible uninsured care clinic visits and base year period total clinic visits according to the following scale:

<u>% of eligible bad debt and charity care clinic visits to total visits</u>	<u>% of nominal financial loss coverage</u>
<u>up to 15%</u>	<u>50%</u>
<u>15-30%</u>	<u>75%</u>
<u>30%+</u>	<u>100%</u>

Provided, however, that the amount paid pursuant to this section for each such facility shall equal the facility's proportional share of the total nominal payment amounts calculated under this section of all such facilities multiplied by the total funds allocated for such payments. There shall be no local share in these payments.

TN **00-30**

Supersedes TN **New**

Effective Date **JUN 06 2001**

Effective Date **JUL 01 2001**

New York
1(d)

Attachment 4.19B
(07/00)

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JUN 06 2001
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